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THE BLINDFOLD AS USED IN ORIENTATION and MOBILITY INSTRUCTION

Larry Hapeman*

The sense of sight is the dominant sense and a verifier of the other senses. If a coin is dropped in a room, the sound is heard by everyone present. Not only will the sound give away the location, but to the semi-trained ear, perhaps even the value of it could be determined. However, those who heard the coin will turn their heads in order to see it. Not satisfied with the information obtained by sound, automatically a person will try to verify what he hears by using his sight. Because of its range, exactness, and fine discrimination, one instinctively relies on his vision to give him the most accurate "picture" of a circumstance. For one with good vision, the range, exactness and discrimination of sound is redundant or unnecessary. Even in the case of a person with limited vision, if that vision can be used to verify what he hears, smells, or feels, he will try to use it. He is not content with what he hears nor does he have the confidence in any of his other senses as he has in sight.

The degree of discrimination, the accuracy of judging speed and distance, and the determination of exactness in size, shape, color, and texture by sight is not automatic. One learns how to use his sight through practice. In the early stages, a child is helped largely by his parents and teachers. What he sees is given a name as he sees it. He is also taught size, distances, and begins to discriminate and classify objects according to what he sees. Specific odors, inclines, slopes, sounds, and texture, as well as difference in ground surface are at best merely mentioned but seldom learned or used. After a few years, much of his learning builds upon his repertoire and storehouse of experience and information acquired through sight. He has confidence in what he sees.

Little time is spent in teaching him how to discriminate, classify and use sounds, odors, inclines, slopes, temperature changes, etc. He does not build up a rich storehouse of experience in these available sensory clues. Nor does he have the same confidence in the data received by his sense of hearing, smelling, or touch. He has little need to achieve confidence in his remaining senses as long as he can verify them by sight.

If fate brings blindness to one who has seen, he loses not only sight as a dominant sense, but also as verifier of his remaining senses. The need to learn how to discriminate and use the information received by his remaining senses is suddenly forced on him. He must try to gain the same confidence in his other senses that he had in his sight. In total blindness he has no choice. But when vision is only remarkably reduced or obscured, he does have a choice. Will he try to learn to use and discriminate and have confidence in what he hears, smells and feels as though he were totally blind, or will he try to use his faulty sight as a verifier?

For one who realizes his limitation, the choice seems obvious. He will try to develop, use, and gain confidence in his remaining senses and use his vision only as an extra margin of safety. However, it is quite difficult to simply forget your sight. It even takes energy to keep the eyes closed. Therefore, in the

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training and rehabilitation of blinded persons, the blindfold has been a valuable aid.

The blindfold is used during orientation and mobility instruction of a blinded person who has limited vision in order to help him become aware of, develop, use, and rely on his remaining senses. The blindfold takes away the choice to use his faulty vision or not to use it. During the instruction, the blindfold affords the patient the opportunity to validate and practice using his remaining senses in order to attempt to achieve the same confidence in them as he did in his sight. It makes it easier for him to learn and practice how to use landmarks and guidelines in his environment. It is important to be able to identify buildings, stores, street corners, and crossings, etc., by remembering certain outstanding physical landmarks, odors and sounds which are peculiar to each. Further, the blinded person has the opportunity to gain confidence in and validate the techniques of safe, efficient and effective travel as they are taught him. And finally, with the choice gone, it is easier to concentrate on the verbal instructions of his instructor as well as the sensory clues of his environment.

Once he has achieved the confidence in his remaining senses and cane technique and uses them effectively as a safe and efficient traveler while blindfolded, the blindfold is removed. He then learns to utilize his remaining senses with his limited vision. His limited vision could be thought of as an extra sense since he has developed and used his remaining senses and learned the technique of effective travel without the use of sight. The instructor continues to check him to be sure that he uses good travel skills and his remaining senses after removing the blindfold. If he reverts back to using his faulty vision as his principle source of information, it may be concluded that he has not had enough practice blindfolded to gain the confidence in his remaining senses or techniques. In such a case, if time permits, he should continue lessons with the blindfold.

In summary then, the blindfold is worn by blinded persons with limited vision in order that they become aware of, develop, use and gain the same confidence in their remaining senses as they had in their vision. However, what of the congenitally blind?

In such cases, the need to use remaining senses was present at the start. To a degree greater than those who have seen, they have early learned to discriminate, use, and rely on what they hear, smell or feel. Sight as a verifier played a lesser role than with a person with good vision. Therefore, ~~in large, it is not necessary~~ to diminish the role of sight as an aid to travel and increase the role of his remaining senses. But it is important to further develop the use of remaining senses as aids for independent travel. So in large, if the prognosis is good, it is not necessary to use the blindfold. However, in order that he can gain confidence in the techniques of travel, and become more efficient in using his remaining senses and these techniques, he should have some practice with the blindfold. This may also reassure him that he can be a safe, effective, efficient, and independent traveler even with faulty vision. If the prognosis is such that he will lose what little vision he has, the blindfold would be used for longer periods of time.

Now for the instructor who must decide if his patient or student should wear the blindfold, there are other things to consider besides the basic reasons for using it. To be blindfolded is to be placed in a stressful situation, even more so if over a period of time, your eyesight has been a major concern. To ask a person to wear a blindfold should be done tactfully and with due consideration for the individual. He should be told why it is to be worn and coached into wearing it.

In some cases, even if the visual prognosis is poor for an individual with limited sight, the blindfold should not be worn. A case in point is when the

blindfold would be detrimental to the eye condition of the student. If the student is elderly, or has difficulty with balance, or has poor hearing, wearing the blindfold might be too great a handicap for him. Nor would it be used in a case of mental retardation where the student has difficulty remembering and performing the techniques and sensory clues. In addition, if the student is a child, he may reject the blindfold as well as the cane for it sets him apart from his friends and is socially unacceptable to him. Again, tact and discretion should be used by the instructor.

In all cases, the instructor should expect signs of anxiety and stress by his patient during his first few lessons with the blindfold. He should be ready to admit that the blindfold could be too stressful for some students while some other students may just claim that it is too stressful. He should not force a student to wear it but should "sell" him the advantages of using it. And finally, the instructor should be alert and consider the individual condition and needs of each of his students. The blindfold is an aid to the instructor of orientation and mobility for many blind persons. It is not the answer for others and it will never replace a good instructor.

EXPANSION AND GROWTH

The Vocational Rehabilitation Administration of the Department of Health, Education and Welfare has doubled the size of the Orientation and Mobility programs at Western Michigan University and Boston College. A new program is to be initiated in January 1967 at Los Angeles State College. Lawrence Blaha will direct this graduate program. These efforts on the part of VRA will help to meet the increasing demand for qualified instructors in this growing field.

FOREIGN FLAVOR

Western Michigan University will have a student from Norway in its January class. Visitors from Israel will also be observing the University's programs during the winter semester.

GRADUATE ORIENTATION & MOBILITY SPECIALISTS

Western Michigan University

August 1966

Lorna Cain - Western Pennsylvania School for Blind Children, Pittsburgh, Pa.
David Koper - The State of Utah, Department of Public Instruction, Division
of Rehabilitation, Salt Lake City, Utah
Ronald Wilcox - Missouri School for the Blind, St. Louis, Missouri
Stanley Urban - Rhode Island Association for the Blind, Providence, R.I.

December 1966

Berta Crummel - Western Michigan University, Kalamazoo, Michigan
Nancy Darling - Florida School for the Blind, St. Augustine, Florida
James Kimbrough - Pittsburgh Guild for the Blind, Pittsburgh, Pennsylvania
Mark Mahnke - Northwest Regional Rehabilitation Center, Seattle, Wash.
Paul Taviani - V. A. Hospital, Hines, Illinois
Clifford Johnson - Teaching Blind Retarded Children, Harrisburg, Pa.

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DATE LOANED	BORROWER'S NAME
12/10/73	Dr Charles H. Harker
4/2/84	Jill Plutke

